

**Governance Workgroup**  
**Draft Transcript**  
**October 12, 2010**

**Presentation**

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Good afternoon, everybody, and welcome to the HIT Policy Committee's Governance Workgroup. This is a federal advisory committee, and there will be opportunity at the end of the meeting for the public to make comment. Just a reminder for workgroup members to please identify yourselves when speaking. Let me do a quick roll call. John Lumpkin?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Present.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Laura Adams? Leslie Harris?

**Leslie Harris – Center for Democracy & Technology – President & CEO**

Present.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Christine Bechtel?

**Christine Bechtel – National Partnership for Women & Families – VP**

I'm here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

John Mattison?

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

Present.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Girish Kumar? Linda Fischetti?

**Linda Fischetti – VHA – Chief Health Informatics Officer**

Present.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Michael Matthews?

**Michael Matthews – MedVirginia – CEO**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

John Houston? John said he might be dialing in late. Carol Diamond, also, she can't make it. Wes Rishel?

**Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Tim O'Reilly? Mary Jo Deering?

**Mary Jo Deering – ONC – Senior Policy Advisor**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Mariann Yeager?

**Mariann Yeager – NHIN – Policy and Governance Lead**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Jodi Daniel?

**Jodi Daniel – ONC – Director Office of Policy & Research**

I'm here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Lisa Tetero? Did I leave anybody off?

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

Elliot Maxwell.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Elliot Maxwell.

**Laura Adams – Rhode Island Quality Institute – President & CEO**

It's Laura Adams. I joined late.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Thank you, all. I'll turn it over to Dr. Lumpkin.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Thank you all for joining in on the call. We're rapidly working our way towards the report out next week for our preliminary findings, also thanks again to the workgroup, the subgroup that has been meeting on a regular basis and going through. What we're going to do today is go through the document, which will serve as the basis of our report. Just to summarize where we are in the process, we're working towards the October 20<sup>th</sup> meeting of the HIT Policy Committee, at which point we will present our framework with the areas where we believe that recommendations need to be made on the scope of governance. Then our goal is to have our final recommendations that will be presented at the November 19<sup>th</sup> meeting. Between now and November 19<sup>th</sup>, we will take these areas, which are included in the document, and make recommendations about who will do this. Basically this recommendation is focused in on the what.

There's been a little bit of mix up, so I just want to make sure that everyone is looking at the same document. It's the governance workgroup draft preliminary recommendations, it says at the top, and I have one with the October 8, 2010 date draft version 5. Is that the correct one everyone has?

**M**

Yes.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

What we're going to do is look through the document. I think we have seen the initial materials. We're going to walk through what are now the nine principles, look at, then move from there, unless there are comments on the intervening sections, into the Table One, which is the overview of the functions, and then walk through each of the four functions that are included as part of our recommendations. Are there any questions or other areas that we need to cover as part of this call that aren't on our agenda? Good.

Before we go into the recommendations, there's some preliminary material, which we have seen before. Are there any last minute comments on what we see on page one, which is the preliminary introductory information? Okay.

Let's walk through what are sound governance principles. The first one is transparency and openness, and you can see the material there that we've included on that. I think I just had one additional comment in that in the description of openness, it says, I think, in the third sentence or so, it says this should include transparency about the NW-HIN standards, services and policies themselves, what information sharing they support, and oversight enforcement and accountability mechanisms that are part of the NW-HIN. I think that we might, just to emphasize this issue, include under there transparency about the NW-HIN standards, services, and policies themselves, including privacy protections, what information sharing supports, and so forth, just to make sure that everybody knows that we believe that privacy protections are important.

**M**

Are you displaying the document now on the Webinar, because I'm not seeing it?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

No, we're not.

**M**

I just wanted to validate. That's fine.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

We're all going to be working off the papers that we have in front of us.

**M**

That was the document that Mary Jo sent around?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Yes. She sent out the revised one. It should say at the top of the first page, 10.8.2010 Draft Version 5.

**Christine Bechtel – National Partnership for Women & Families – VP**

I like your proposed change. I think it's good.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Any other comments on the first principle, transparency and openness? Again, we've seen all of these before, so we only want to make sure that they're saying exactly what we want them to. The second principle, inclusive participation and adequate representation, any comments on that one? The third principle, effectiveness and efficiency, and that has the four areas, form, follow function, efficiency, and effectiveness, responsive, and minimization. Any comments on that one?

The fourth principle is accountability. Do we have any comments on that? The fifth principle is distributed governance and devolution, which includes the sub-areas of distributed governance, devolution, and retention or delegation of authority. Any comments on that section?

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

It may be, and I think it was understood when these were first drafted that the functions that are inherently governmental really refer to those that need to operate at a federal level because there will be things that operate appropriately at the state and local levels, but it was really starting to signal that those things that had to be done with national agreement should be retained at the federal level. So it may be that the need to operate at a national level may be helpful at the end of the first sentence.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

First sentence under the—?

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

Retention or delegation of authority.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Where it says inherently, the federal government should retain functions that are inherently governmental at the national level.

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

Right.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I guess I had a little bit of a different understanding of what distributed governance, the first bullet meant because I sort of feel like what I thought was being discussed as much was exactly what was just described in that last change that we made to the sentence on retention and delegation of authority. I can understand distributed governance, and you can have distributed governance at the federal level still, but to me, my fear is that distributed governance can get confused with ....

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

I agree, so I think there are two relatively independent concepts here. One is federated governance and the other is devolution. The federated governance refers to the fact that there won't be a single entity that oversees all aspects of governance, and the devolution is the principle that you push that federation as close to the expertise, whether it be federal, state, local or regional. I agree. I think it would be helpful to differentiate those two principles.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

That you for articulating that better than I was doing.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

If I'm hearing this, then you're suggesting that the first item under five where it says distributed governance, should describe federated governance?

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

... yes.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

Yes.

**Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst**

I'd like to agree with that. I think that federated implies more of the multi-way coordination that we're thinking of top down and across at the level, whereas distributed would be read as saying each area has full governance over their own area or something like that.

**Leslie Harris – Center for Democracy & Technology – President & CEO**

I agree with that completely.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Then we would have something that would say something along the lines of governance would not be centralized, but distributed amongst entities based upon their requisite expertise capabilities and standing and coordinated and something along the lines of a couple of people were just saying.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

I would agree with that, John. I would insert the word "necessarily." Governance should not necessarily be centralized because, as this evolves, it may appear that two entities that collectively govern five things today may agree to collapse into a single entity later, so not necessarily centralized, I think, is the principle.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Mary Jo and Mariann, do you feel comfortable with this direction?

**Mariann Yeager – NHIN – Policy and Governance Lead**

Yes.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Yes. We captured it.

**Laura Adams – Rhode Island Quality Institute – President & CEO**

I just wanted to clarify a little bit further. We are referring to the set of sort of core principles. I guess I'm trying to understand whether or not this captures sort of a recommendations of adherence of a core principle, wherever that is located, or no.

**Christine Bechtel – National Partnership for Women & Families – VP**

I may be trying to say the same thing. My suggestion was going to be on devolution that we add at the backend where it says with the greatest ... successful ... resolution that we would say in accordance with the goals of the NW-HIN, which is improving health and insuring public trust, just to keep hammering that point home.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Does that work for people?

**M**

It makes sense to me.

**Christine Bechtel – National Partnership for Women & Families – VP**

Then I've got one other thing while I sort of have the mic here, which is, I wasn't sure what standing meant under the distributed governance, which is now federated governance. What does standing mean?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

As opposed to being bipedal and upright?

**Christine Bechtel – National Partnership for Women & Families – VP**

Yes, exactly.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

God, I love John Lumpkin and his woody humor. I'll tell you. I miss that.

**Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst**

Wait until he gets into carbon-based life forms and has to include dogs.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

Yes.

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

It was to refer just to the legal concept, not necessarily applying it legally, but the notion that people have some stake in the issue.

**Christine Bechtel – National Partnership for Women & Families – VP**

I think we just need better language because I'm not sure. I think people are going to be fairly literal with these, and I'm not sure if folks will get that.

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

Okay.

**Mary Jo Deering – ONC – Senior Policy Advisor**

... come up with a better word for it. I have a question on the devolution bullet, which is, my understanding from our last discussion was that we were interpreting devolution specifically around the issue of federal state authorities. Am I misremembering?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

I think that's correct, but perhaps incomplete that part of the discussion was that there may not be a uniform taxonomy. It may be that not every state has an HIE or that, within a state, they delegate that to regional and sub-regional entities. But it is a delegation into more regional entities, whether they be state, city, county, or sub-regional entities.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Again, just to be clear, that bullet does. I'm trying to distinguish it from federated governance, which we now have above it.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Yes. Mary Jo, I think that federated addresses the issue of multiple federal organizations, and there may be other entities that have some governance role, and it would not necessarily need to move from the Federal Trade Commission and other entities into one central location, but that they all need to work together.

**Mary Jo Deering – ONC – Senior Policy Advisor**

I understand that, but again, for further clarification, I guess I thought that federated also could have implied this vertical sense as well.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

Yes. I think that's a good point, Mary Jo. I think the federated really does refer to a horizontal distribution of accountability by task, whereas the devolution refers more to a vertical allocation of task by semi-geographic entities.

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

I guess I would read those slightly differently in that the federated has normally been seen as referring to models of centralized and then state distributed in terms of governance operating in that case vertically, not necessarily distributed at the federal level. Devolution is really a principle that in some ways all of these principles can be— There's a little bit of tension in them, and the devolution was simply not a commandment, but a notion that when you're making a decision, you should think about who is closest to the issue, who has got the greatest stake, and the like. It's not a commandment of where it's placed. But it's thinking about— And that could operate horizontally as well.

**Mary Jo Deering – ONC – Senior Policy Advisor**

I think staff should probably take this back then and come up with some clarification. I think we've heard some of the questions that arise, which means that the language isn't clear to those that are reading it, and so we definitely need to redo number five, and we could perhaps send that out asynchronously, depending on what else comes out of our meeting today. We can certainly take that as an action item to work on number five and make sure that those three bullets are sufficiently distinguished and clear.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

I'm going to make the assumption, unless someone disagrees, that what I'm also hearing is that we're all trying to figure out how to say something that we all agree on, as opposed to there's disagreement about what it is we're trying to say.

**M**

I agree with that assessment.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Can we move on to six?

**Michael Matthews – MedVirginia – CEO**

I don't want to be too obsessive about this, but I think it might be worth 60 seconds for you to just iterate what it is that we think we just agreed to so that then staff is clear what they will be crafting words around.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Let me give a trial at this that the governance structure should be coordinated up and down, I mean, horizontally and vertically, and that decisions about an issue should generally be made by those closest to the issue, so devolution. Then, finally, that the authority inherent with the federal government, I think the last section we pretty much didn't change, but the first one is that the coordination, both horizontally and vertically, and with the principle of devolution.

**Michael Matthews – MedVirginia – CEO**

Thank you for that reiteration. Just if I could insert on the devolution, back to Mary Jo's question. Not devolution just as an issue between federal and state governments.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Let's get a little bit of clarification. We've clarified that to include state, city, or regional entities. Is that what everyone else heard?

**Michael Matthews – MedVirginia – CEO**

I think we're still ... devolution in the sense of only governmental entities, whereas I think, as a principle, we ought not constrain ourselves to think about devolution just within the governmental realm.

**Mary Jo Deering – ONC – Senior Policy Advisor**

I believe that's the clarification that Elliot made that, as a matter of principle, it is not limited to the governmental realm. Is that correct, Elliot?

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

Yes, that is.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Do we have agreement with the workgroup on that clarification? Okay.

**Michael Matthews – MedVirginia – CEO**

Thank you.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Moving on to six, clarity of mission and consistency of actions.

**Christine Bechtel – National Partnership for Women & Families – VP**

I just had one suggestion, which is in the last sentence. Consistency and decision making is helpful for planning by stakeholders, but should not be an obstacle to improvement or innovation, if change is necessary.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Okay. Anybody have a problem with that? Any other comments on six?

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I have a question about six. I know there's a nuance difference between transparency and clarity of mission. But I'm having a hard time completely differentiating the two. Is transparency—? I mean, I'm assuming governance is really an internal function, correct? We're not assuming transparency has a consumer component to it, do we?

**M**

I think it was understood to include, to the extent possible, the public as well.

**W**

Yes. Agreed.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

Then do we want to make some comment in transparency about consumers, or is it overlapping in both one and six?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

I think the reason there was a distinction was, we wanted to focus on not the visibility of these things, but clarity of rights, responsibilities, and obligations for the stakeholders. That's certainly tied to transparency. You want people to know what they are. But this was an injunction to try to be clear on rights and responsibilities of the parties that are involved.

**Christine Bechtel – National Partnership for Women & Families – VP**

... we haven't given up. There are a number of governance functions around HIE particularly that aren't especially clear to consumers. It might be worse than going back to principle one and saying either the sentence in there that says that the process of developing blah, blah, blah should be open and transparent, including to the public, including some public reference in principle one.

**M**

I think that would be of value.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Okay. Any disagreement with that clarification to one?

**Christine Bechtel – National Partnership for Women & Families – VP**

I'm not sure—let me just say—that that's the right sentence where I just threw that in, but staff can take a look and just make sure that we mean overall, not just transparency of the development of the government process, but the actual process itself.

**Linda Fischetti – VHA – Chief Health Informatics Officer**

That's right. Christine, I think that's very well said. Certainly OMB A119 restricts the government employees from participating in any governance entity that does not have those elements of openness and transparency. I think that we could help staff create that document or that sentence in such a way that it is both towards consumers and non-government entities, but as well, positive for the governmental folks that we need those characteristics in place to be able to have that open, consensus-based environment.

**W**

Thank you, Linda. We'll take you up on that.

**Linda Fischetti – VHA – Chief Health Informatics Officer**

All right. I'll send it.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Moving back to six, I think that there is a difference between transparency and clarity, particularly related to, I think this is probably critical in regards to, I mean, in one sense, it is related to transparency, but having been in government, sometimes you are open, and you make things available, but your real intents aren't exactly discernable by what you've released. Did that confuse everybody, or are we okay with six?

**M**



I'm okay with six. I just thought it would be good if we could clarify number one. To me, that clarifies six then.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Great. Moving on to fairness and due process, number seven. Number eight, which is promote and support innovation. Number nine, evaluation learning and continuous improvement.

**Christine Bechtel – National Partnership for Women & Families – VP**

I guess I had a question, which is that metrics piece, and this may be the part of the discussion at the in-person meeting that I missed. But I'm wondering, under metrics, if it's helpful to specify what kind of metrics we're talking about. Are they performance metrics? Are they accountability metrics? Are they metrics that measure the degree to which the governance mechanism or mechanism are operating within the context of these principles? It just seems pretty broad and, therefore, maybe not as meaningful as it could be.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Do you have a suggestion or do other workgroup members have some preference for what to particularly call out there?

**Christine Bechtel – National Partnership for Women & Families – VP**

I think I just sort of threw out a bunch of things because I'm missing some context. I don't know if folks were considering this in the construct of accountability or performance or transparency or what.

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

I think it was written to include all of those. We could have some examples to make it clearer, but you want metrics in all of those areas because they will help operate them effectively.

**Christine Bechtel – National Partnership for Women & Families – VP**

Some examples would be probably at least a better next step, I think.

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

We can use the ones I think you just gave, which are all appropriate.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Other comments on nine? Okay. I think we have a set of principles. The document then goes on into preliminary recommendations and scope of the NW-HIN. It describes the process. We went through some of the high level findings. Then it goes into a framework, the description of a framework, and general considerations. Do we have any comments on that section of the document?

Then we talk about aligning governance functions with governance objectives. Then the overarching structure of the four recommendations are put into Table One. We're going to be proceeding into the details of each of those areas in the next step, so we're going to be walking through each item. Are there any questions or comments on Table One, as an overarching view of where we're moving?

**Christine Bechtel – National Partnership for Women & Families – VP**

I have an overarching comment, which I think you said is not in scope for this discussion, but as I read through it, I think it begs the question of who. What's the entity? What are we talking about here? What's the it? If it's not appropriate for today's discussion, and I don't think it is, then I think it's something that we are going to need to be prepared to preempt in the full committee discussion or at least the draft where we get to that point in the process of thinking about the who or the what.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

I think that's a great observation. I'm wondering if, in this federated environment that we're all agreeing on, if there are boundary issues between groups. Is there an authority that can help manage any decision right disputes between the entities within the federation and how might we address that functional requirement in the principles?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

You mean the need for an arbitrator in the boundary issues?

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

An arbitrary function. I don't have a firm view of how that's served, but is there— Do we see a need for an arbitrator function in this federated model so that if two groups—if any issue emerges where it's not clear who has decision rights, what's the resolution process?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

What I'm trying to do in thinking and not wanting to—hearing that comment is to think of, does the specificity of item one through four basically describe a structure whereby our charge will be to make that decision, not in the high level or generic, but in the specifics related to privacy, security, interoperability, technical requirements, compliance, accountability enforcement, and then oversight of the governance mechanisms. Would that be part of the oversight?

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

I think it could be put in the oversight function as sort of resolving decision rights with new issues amongst the federated entities. Where it belongs in our thinking and where it belongs in our document is not clear to me. It's just the first that occurred to me per the prior speaker's comments that if we want this to be efficient, we know that it's going to have to evolve with problems we cannot anticipate here and now, what would be the most efficient mechanism for a dispute resolution between entities over decision rights within that federation?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

I think that that may be a question under general considerations.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

Works for me.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Mariann and Mary Jo, do you have enough there to add an additional question into the—?

**Mary Jo Deering – ONC – Senior Policy Advisor**

I think so.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Any other overarching comments or comments related to Table One? Let's dig into the first one, which is the NW-HIN governance functions establishing policies for privacy, security, and interoperability, and to promote adoption of a NW-HIN. We have a description and a rationale that we've discussed at our last meeting. And are there any questions or comments about the description or rationale?

Under that section, we have governance decisions addressed by this function. The first is to define or adopt a core set of policies and practices, at a minimum, cover the following in a reflected and technical design: privacy, security, interoperability, and compliance expectations. Any comments on that section?

Section 1.2, identifying when there may be a need for variability and policies of practices. Any comments on that section?

**Michael Matthews – MedVirginia – CEO**

I'm back on 1.1. When we had our small group, I made a point around privacy, security, interoperability that there would be one more, and the one more would be eligibility. I don't see eligibility represented in this set of governance decisions as represented here, and that was not in the exchange context. That was regardless of what type of infrastructure you talked about. We wanted a governance function as to who gets to play in the game and what are the requirements for continuing to play in the game, if so. I think that's a big enough issue that it ought to be represented as one of our core responsibilities here. If it

was intentional to not represent that, I'd like to hear what it is. Otherwise, I'd argue for including some reference to eligibility as one of the governance authority decisions that needs to be addressed.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

This is eligibility to play in the NW-HIN?

**Michael Matthews – MedVirginia – CEO**

Yes.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Michael, I think staff were trying to be responsive because we certainly heard you. If you look at the e.g. that follows the phrase compliance expectations, I think we were probably painting what may turn out to just be the other side of the eligibility coin, if you know what I mean. But we certainly heard you and intended to. That fourth bullet was our way of trying to capture what you'd said because a lot of the other details we thought might come under when we get down to section three might be another point to raise that. So again, we're certainly not trying to avoid it. It's a question of describing it accurately and placing it in the right place.

**Michael Matthews – MedVirginia – CEO**

I appreciate your consideration to address it and incorporate it, Mary Jo. I have to say, though, that to me compliance expectations is something different than eligibility. I agree that compliance expectations, and to whom compliance needs to apply is one thing, but that almost presumes you're already in the game if you're going to enforce compliance versus there are going to be a number of potential participants out there that we need to decide whether or not they're eligible to participate in some form or fashion. If so, then what compliance would be expected of them.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I echo those comments. I agree.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Could we add a fifth bullet under 1.1?

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

Sure.

**Michael Matthews – MedVirginia – CEO**

That works for me. I don't want to get rid of compliance expectations. I think that's a good addition, but eligibility, I just, for the reasons I articulated.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

If I could have one point, and I agree wholeheartedly with Michael's suggestion, I'm not sure we want to lock in the notion that eligibility is a binary thing. Either you're in, or you're out. It may be that there are levels of certification trust and trust worthiness that we can impose sanctions without necessarily harming consumers whose records are at risk of not being efficiently exchanged by virtue of the failure of one of these exchanging entities. I don't know if we need to capture them and how, but I just want to throw out the notion that eligibility may not be strictly binary.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Thank you, John. I think that's one of the things that staff talked about when we were trying to interpret this. Again, Michael, trying to be responsive, but thinking that there's a lot of roles based eligibility here. That's where I said some of it might show up under three, so we really welcome the workgroup's guidance in how to capture what we're not necessarily disagreeing with. We look forward to hearing other suggestions for how to capture what John just said and how to dovetail that with Michael's and with the notion that the workgroup does indeed want to speak to the notion of eligibility.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

I think we need to speak to it, but maybe we could just park the issue of how we parse out levels of eligibility to an offline discussion.

**Mariann Yeager – NHIN – Policy and Governance Lead**

To Michael's point and John's point: This is what I've captured. Can you let me know if this corresponds with what you're wanting to see reflected here? Low interoperability, there's a set of policies and practices that would relate to eligibility criteria. For instance, who is eligible to participate in the exchange of information and the role of various parties to the exchange? Then that might get to the notion of, depending upon the role you play, there may be different sets of expectations or requirements. Then the fifth item, which would be compliance expectations, which would be requirements that must be satisfied to assert compliance with the NW-HIN, who those rules would apply to, and under what circumstances.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

I think role-based eligibility is one facet of eligibility. The other is compliance and certification based eligibility. Let me just give perhaps a not all together obscure use case. Let's say that someone is a certified exchange entity and that we've discovered problems with data integrity because of an internal system error. What we might not want to do is prevent them from participating in digital exchange in order to support the care of the consumer's whose records they hold, but what we might want to do is put in form some restricted eligibility so that they can only participate under restricted circumstances, which may include something such as labeling every document coming from them, but they are currently under sanction for data integrity issues subject to further change.

It is kind of a convoluted use case, but what I'm trying to get at, beyond the role-based eligibility is the fact that if we shut somebody off because of noncompliance, we want to have some opportunity for digital exchange to still occur under some constraints and safer circumstances. I don't know. I don't know how to lay that out, but it's just, I don't want to essentially say, because you've demonstrated problems with data integrity, you can no longer participate at all. Therefore, just send it in an unsecured e-mail or whatever. That there'd be some gradation of eligibility, that's all.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

It seems to me that the last part of your comments, if we can sort of pull out, take the first one, as Mariann proposed, and then the last part might be an enhancement to 3.14 where we talk about mechanisms for redress, remedies, and sanctions.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

Yes. That'll work.

**Leslie Harris – Center for Democracy & Technology – President & CEO**

That's what I was going to say as well. I think there's the initial eligibility, and then there's what happens to your eligibility if you are not in compliance. I think separating them is a better way to handle it.

**Mariann Yeager – NHIN – Policy and Governance Lead**

Let me read again how she's captured the eligibility criteria piece of it, and I'll read it more slowly. Eligibility criteria and, by the way, this would be the fourth bullet, so it comes before compliance. Eligibility criteria, e.g. who is eligible to participate in the exchange of health information and under what circumstances could vary depending on an entity's role in the exchange and other considerations, etc. No? We still have compliance down below.

**Michael Matthews – MedVirginia – CEO**

Mary Jo, It's not restricted just to exchange though.

**Mariann Yeager – NHIN – Policy and Governance Lead**

Okay.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Right. It's the exchange of health information generally.

**Mariann Yeager – NHIN – Policy and Governance Lead**

It's who is eligible to exchange health information at all under—?

**Michael Matthews – MedVirginia – CEO**

Yes.

**Mariann Yeager – NHIN – Policy and Governance Lead**

Is that a workgroup consensus that governance should determine absolutely everybody who is allowed under any circumstances to exchange health information inside or outside of an HIN?

**M**

No.

**W**

If they're outside of the HIN, there's no way to reach them.

**M**

Within the NHIN.

**W**

Right.

**M**

We're not governing what's outside of our scope to govern.

**W**

Right.

**Mariann Yeager – NHIN – Policy and Governance Lead**

Who is eligible to exchange ....

**W**

Through the NHIN.

**Mariann Yeager – NHIN – Policy and Governance Lead**

Information through the NW-HIN. So we're agreeing that we're participating, because there's a big difference there. Who is eligible to exchange health information through the NW-HIN and under what circumstances, correct?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

anyone disagree with that? Okay. I think we were back down on 1.3, if I can call your attention back to that. Any comments there? Okay, 1.4 about addressing gaps in policies and practices. Then 1.5, to coordinate between policy and technical requirements and those bodies who—technical requirement setting bodies to address issues. Section 1.6, for purposes of devolution, consider how to establish a uniform set of performance standards. Okay. No comments.

We move on to Section Two, which is establish technical requirements for the NW-HIN. We have there a description and rational. Any comments on those? Under that section, governance decisions addressed by this function, 2.1; identify technical requirements for the NW-HIN, providing for stakeholder input, including consumers, including data content, data transmission, security functionality, and specifying levels of conformance to promote interoperability. Any comments on that?

2.2; coordinate with policy studying function. 2.3; consider national level implementation planning to assess impact as the requirements change.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

Under 2.2, should there be coordination also with the standards functions as well, or is that something else?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Can you elaborate a little bit on that?

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I know there are some activities going on with respect to developing standards for – security standards inherent to some of the different structured data formats that are established that might be used for security and for other functions. I'm just wondering whether there won't be some type of standards established that might also be useful in a governance context or at least ancillary to that because of what they are, inherent to what they are. I'm doing a bad job of describing it, but there are certain standards being established for security and privacy.

**Mary Jo Deering – ONC – Senior Policy Advisor**

I'm just trying to understand what that question was about security. I didn't understand.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I'm having trouble giving an example. I apologize. I'm just wondering. There are standard setting function bodies that are developing standards that have applicability from a security perspective, and I'm wondering whether there's some level of coordination that needs to occur with those types of functions, as well as just with respect to policy.

**Michael Matthews – MedVirginia – CEO**

I had a perspective on this thing that I was a little bit— I want to nuance the language a little bit around instead of identifying technical requirements, for example, under the governance decisions, I think the job of governance is to assure the identification of technical requirements. The distinction there is, to me, it's the assurance of that's the governance, not the creation of it.

**W**

I think you're right.

**Michael Matthews – MedVirginia – CEO**

I would use, as an example, the technical community versus coordinating committee. The technical committee is the one that reviews the standards it develops or are developed by the standards setting body. Does it refer to for policy adoption by the CC, so in that case, I wouldn't say that the coordinating committee is actually identifying the technical requirements, but we are assuring that those technical requirements and standards have been in fact reviewed and put into place.

**Leslie Harris – Center for Democracy & Technology – President & CEO**

I agree with that completely. I think it's pretty clear that the governance bodies are not adopting security requirements or privacy requirements. They are ....

**M**

They have to be harmonized in some way.

**Leslie Harris – Center for Democracy & Technology – President & CEO**

Well, they have to be harmonized, right, but ....

**M**

Now how we say that, I don't know.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

I'm not sure that I completely agree with the issue that they are not adopting. But that does give me some insight into maybe how we might reword 2.1 that they would adopt technical requirements identified through standard development processes.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

Maybe that would address my concern.

**Leslie Harris – Center for Democracy & Technology – President & CEO**

Yes.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Mary Jo, Mariann, do you have enough there?

**Mariann Yeager – NHIN – Policy and Governance Lead**

Yes, certainly on 2.1. I'm not sure we put 2.2 to bed though. One thing I was going to point out, John Houston, is back on 1.5. We have a coordinate between policy and technical requirement setting bodies. Does that help pick up your concern?

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

It does, except that 2.2 then only speaks to policy setting functions, and so do you want to say coordinate with policy and standard-setting functions? I'm just trying to weave into this discussion, this notion that there are standards bodies out there that we do need to be coordinated with in order to insure that adequate governance does in fact make its way into these standards.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

If we have 1.5, do we need 2.2?

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I think that it was there really to direct and to recognize that the technical functions need to coordinate back as well. Maybe you could leave 2.2 and say, coordinate with policy setting function and other applicable standards bodies, recognizing that there are those beyond the processes set up for the NW-HIN.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Other comments?

**M**

Are the technical requirement setting bodies the same as the standards setting body?

**Mary Jo Deering – ONC – Senior Policy Advisor**

Not necessarily. I think the goal in Section Two overall was to incorporate standards and other types of technical requirements that need to be established, and Mariann would probably do better than me in giving some examples.

**Mariann Yeager – NHIN – Policy and Governance Lead**

Right. I was thinking of some other things. It could be coordination with standard setting bodies to assure that NW-HIN technical requirements are harmonized. It would actually be the coordination with SDOs.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I think that's an important concept that I don't think is necessarily clear.

**Mariann Yeager – NHIN – Policy and Governance Lead**

We can make that more explicit and call that out. I'm wondering too, on that note, if we should make mention of coordinating with anybody that does validation of the technical requirements to assure consistency across the board.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Just for my own purposes, I want to interpret Mariann's suggestion as saying what she's basically saying that whatever is established under Section Two needs to coordinate with whatever is established under Section Three. Is that an accurate interpretation?

**Mariann Yeager – NHIN – Policy and Governance Lead**

Right. I would say correct, yes.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Okay. If people agree, we can work on incorporating both of those concepts, the coordination with SDOs and with any validation bodies.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

So 2.2 would say something like coordinate with policy setting function, SDOs, and validation bodies, something along that line?

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I like. I think that would work.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Okay. Moving on to 2.3.

**Leslie Harris – Center for Democracy & Technology – President & CEO**

I find this one very hard to understand what it's saying.

**Mariann Yeager – NHIN – Policy and Governance Lead**

I think this is the concept of having some sort of change management process so that if there are technical requirements that are adopted, and they were newer versions or changes to those requirements that are considered, over time, that there was some national level coordination to assess how that might be rolled out, timeframes for adopting the new requirements, etc. The assumption there is that you would want to make sure that there's some continuity and the data being exchanged, and there isn't a compromise to the integrity of the data, that there aren't disruptions to the flow of data because once the data starts being exchanged, if there's an interruption of service, it could be very difficult to get that back up.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Can we perhaps make this more clear by saying that basically what we're talking about is change management function under 2.3, so that coordinate or manage the transition process based upon input from stakeholders, including current and potential implementers, and assessing the impact, timeframes, and migration methods, as technical requirements change?

**Mariann Yeager – NHIN – Policy and Governance Lead**

Right.

**Linda Fischetti – VHA – Chief Health Informatics Officer**

Got it.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Any other comments on 2.3? Onto 2.4, mechanism to evaluate and authorize or recognize certain technical resources. We can move on to number three, which is, complying to accountability and enforcement. We have a description and rationale. Are there any comments on that? Walking through this section, Section 3.1, establish validation criteria that would be used to verify compliance.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**



Back to the earlier discussion about eligibility, is that also, when we talk about compliance here, we are talking about eligibility, correct?

**Mariann Yeager – NHIN – Policy and Governance Lead**

I think the intent was that there would be validation criteria to assess compliance with the policy and technical requirements, as well as possibly the eligibility requirements.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

That's specific to 3.1, so should we say something about eligibility rather than just ... twice?

**Mariann Yeager – NHIN – Policy and Governance Lead**

Right.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Establish validation criteria that would be used to verify eligibility and compliance?

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

That would be my recommendation if in fact this is intended to handle eligibility as well. If Section Three really is intended to handle eligibility, then maybe as part of the title of Section Three, maybe we should also say eligibility, so we ... whole lifecycle: eligibility, compliance, accountability, and enforcement.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Any disagreement with that? Done. 3.2—

**Laura Adams – Rhode Island Quality Institute – President & CEO**

I just had a question about the notion here of condition of using the brand. Are we talking about using the system and the brand, or just specifically using that brand?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Where are you, on 3.2?

**Laura Adams – Rhode Island Quality Institute – President & CEO**

I'm sorry. I'm on 3.2, verifying compliance with the NW-HIN policies: practices, technical requirements, as a condition of using the brand.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

I think, from what I hear you saying, using the brand and exchanging through the NW-HIN.

**Laura Adams – Rhode Island Quality Institute – President & CEO**

Yes. I think we're talking about more than just use of the brand, which could be separate from use of the system.

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

If you add eligibility under three, it may not work so well because you've already set up in the earlier sections that there would be criteria or whatever for determining eligibility. This section really is about do people meet those. How do you evaluate that? So adding eligibility in front of compliance, accountability, and enforcement may be confusing with that earlier section. You can certainly put establish validation criteria for compliance with conditions of eligibility and other whatever, but adding eligibility as a broad category in three may throw it off.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Other comments?

**Michael Matthews – MedVirginia – CEO**

I agree with Elliot's observation on that.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

If I hear the recommendation, we would not include compliance under the broad title of three.

**Michael Matthews – MedVirginia – CEO**

Eligibility.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

I'm sorry—eligibility—but we would include it under 3.1.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I just think adding eligibility to the title, I think, adds overall to the whole concept of this document. I don't think eligibility is the subservient task. I think it's a very important task.

**Elliot Maxwell – ONC – Expert Contractor for Health IT**

I agree absolutely with that, but this section is about complying with criteria for eligibility. Eligibility in itself is an important ... first order question.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I think you lose context when you simply don't add it to the title. That's my opinion.

**Mary Jo Deering – ONC – Senior Policy Advisor**

I want to make a general observation about process here and the likely unrolling of how you will move onto the next steps. We have in the small group discussed this assumption that there will be a next first step once these are nailed down for the sake of due diligence to add the how and who almost on a line-by-line basis just for due diligence to make sure that we've thought through the implications of each and every one of these in terms of how it should be done and who should do it. But then we are assuming that in fact your final deliverable might conceivably not follow this format because obviously there's going to be overarching goals and responsibilities.

The notion of eligibility then may appear in some other way because you might have presented your final. There will inevitably be some duplication as to the how and especially the who, as we go through on an item-by-item basis. So there'll need to be some kind of a roll up in the way we actually establish a governance mechanism just by the mechanism. You'll have done that rollup.

Maybe what I would like to ask permission to do is that we somehow capture the workgroup's statements that this is a very important concept, and they want to make sure that ultimately it is reflected appropriately. And we do not lose it, but that for the purposes of just nailing down some of these line items, it doesn't necessarily—whether it's bucketed here or not may be less important.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Any response to that, concerns about that approach? Okay. We were moving back to 3.2. We wanted to include where it says brand and system. Any other comments on 3.2? 3.3; define level of verification needed to assure that expectations are met. Any comments on that section? 3.4; determine when validation should be distributed to organizations to oversee the data exchange activities and when it needs to occur through some other mechanism. 3.5; to determine if there's a need for validation by a third party. 3.6; determine whether more than one entity should be, could be authorized to validate for the NW-HIN.

**W**

Right.

**M**

Should that be "should" as opposed to "could"?

**W**

Yes.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Yes, it should. We could substitute “should” for “could.”

**W**

But we use “should” everywhere else.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

3.7; determine consequences of noncompliance. How does that link to 3.14, which is, evaluate the need for mechanisms to redress remedies and sanctions?

**W**

Where are you getting 3.14? You mean 3.4 ... 14, I see down ....

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Yes.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

I think there are two different tasks. One is to establish and maintain the hierarchy of sanctions, and the other is to apply them on a criteria based methodology.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

We’ll leave both of those in.

**W**

The question whether 3.7, 3.14 were different?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Right, are they different?

**W**

Yes, I’m still having some trouble with that, but—

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

I think 3.7 is really intended to decide what the consequences are, and then 14 is about how you apply the consequences is the way I read it.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Would it at all be helpful if the group agrees that they are slightly distinct to, at a minimum, move 3.14 up and make it 3.8? Would that help? Are these so interrelated that it’s more helpful to see them paired?

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

Yes, it would help.

**W**

I think that would help. Yes.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

If we move up 3.14, we also wanted to include in there some consideration, basically as we discussed earlier, about how I’m in an exchange that is not meeting the criteria or has had some breach or done something that results in a sanction. How do we assure that when I go to Poughkeepsie, my information is available when I need it? We need to have something in 3.14 to address. We also called it variable levels of sanctions.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

Maybe it would be useful simply in that section to add taking into account the needs for care or the interest of patients or some other variant of that.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Yes. Anything else on 3.7 and 3.14, which will now be approximated to put next to each other? 3.8; determine accountability measures or criteria. 3.9; accountability measures for shared NW-HIN technical resources. 3.10, mechanism to address issues, concerns, or complaints above and beyond those measures provided for under existing law.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

3.10, rather than saying above and beyond, I think you want to try to be consistent wherever possible. There might be additional measures as well, but this sort of implies that what's in place is inadequate, and I'm not sure we want to make that statement. Maybe what we want to do is make sure that measures are appropriate and, as necessary, we can add to existing law, but this sort of draws a conclusion that I think some people might be offended by.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Could it be simply substituting "including" for "above and beyond"?

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

It really ... in addition do existing, measures provided from existing laws. I'm just reacting to the phrase "above and beyond".

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Yes. What I heard Mary Jo provide mechanisms to address issues, concerns, or complaints, including those measures provided for under existing law.

**Mary Jo Deering – ONC – Senior Policy Advisor**

No. I thought it was in addition.

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

In addition to those that might be provided for.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

In addition to those that those provided for under existing law, including ....

**John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security**

Right.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Anything else on 3.10? 3.11; coordinate an investigation and enforcement. 3.12; coordinate a breach notification. 3.13; dispute mechanism, including alternative of dispute resolution processes. 3.14, we've already dealt with.

That takes us to 4.0, which is oversight of the NW-HIN governance mechanisms, and we have a description and rationale. Any comments on that? 4.1; mechanism to track and measure certain issues or activities in support of overseeing effectiveness and efficiency of NW-HIN governance with an example. Section 4.2; oversight for ongoing compliance. 4.3; ongoing assessment of risk and benefits for the NW-HIN governance, including prevention of harm. 4.4, mechanisms to evaluate the performance of the governance mechanisms and can incorporate the findings into continuous improvement.

Any final overarching comments? I think we have walked through our document. We have a couple of items, which I think we perhaps will asynchronously— Mary Jo and Mariann will have another draft where we can get a couple of comments on some of the resolution, including the issue of eligibility.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Right. Yes. Exactly. Mariann points out to me that on the basis of John Mattison, I think it was, raising the issue of arbitration, we did add it to our crosscutting considerations, but we also talked about it possibly showing up here under oversight, and so Mariann has drafted something that might read, resulting decision rights among federated governance functions.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

That would be ...?

**Mary Jo Deering – ONC – Senior Policy Advisor**

4.5.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Okay.

**Mary Jo Deering – ONC – Senior Policy Advisor**

If the workgroup feels it needs to be actually called out here.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

I think that captures it well.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Okay. What we will do is we will send this out through e-mail with the lack of response being assumed agreement with the changes, the final changes. Then this will be the document that we will submit to the HIT Policy Committee when we do our presentation, when I do the presentation for the workgroup next week.

**Mary Jo Deering – ONC – Senior Policy Advisor**

We will send out in a tracked changes version, and so look forward to your response. We need to set a deadline. We will hope to get this out by close of business tonight. I think we should have no trouble doing that. John, what do you think would be a reasonable turnaround time that you all think you could do?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Two days.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Close of business Thursday?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Yes.

**Mary Jo Deering – ONC – Senior Policy Advisor**

That would give us Friday. That would be helpful to us because that way if there's anything that the small group needs to review on Friday, they could do it. Otherwise they can continue to keep moving.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Right. That way the small group can begin to start helping us think through the issues of who now that we've pretty much defined what.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

I just wanted to revisit one of our earliest discussions. I think we agreed to authorize the staff to wordsmith some of the distinctions between federated and devolution and so forth. Are we agreeing that between now and when they release the document that they're authorized by this group to go ahead and take a stab at that? That's what I recall. I want to make sure we're all on the same page.

**Mary Jo Deering – ONC – Senior Policy Advisor**

We heard that charge, and we were going to make all the changes that we heard, both those that were explicit and copy edits and those that were guidance on changes that we desired, and we may not get it right the first time, but we'll certainly show you what we think we heard.

**John Mattison – Kaiser Permanente – Chief Medical Information Officer**

Right. I just wanted to make sure that everyone agreed that we wanted you to do that.

**Michael Matthews – MedVirginia – CEO**

Mary Jo, I don't know if this has been done. I had suggested that we survey for attendance on Friday at the small workgroup. I will be unable to attend.

**Mary Jo Deering – ONC – Senior Policy Advisor**

No, that's right because you couldn't. There's a conflict, isn't there? Yes.

**Michael Matthews – MedVirginia – CEO**

At least for me. If it works for everybody else, then please proceed. But I will not be able to be there.

**Mary Jo Deering – ONC – Senior Policy Advisor**

Thank you for that reminder, John. We will do that immediately.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

I think, at this point then, unless we have other additional comments, we can now get public comments.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Operator, can you see if there are any public comments, please?

**Operator**

We do not have any comments at this time.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Thank you, Dr. Lumpkin.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Thank you to the workgroup and staff, Mary Jo and Mariann, and all the rest for getting us to this point. Again, we'll remind everybody, we should get a document tonight, and we should be getting comments by close of business Thursday, or we will assume that this is the document that is the final one. Thank you all so much.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Thank you. Bye.

**Michael Matthews – MedVirginia – CEO**

Great work. Thanks.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Bye-bye.